

Rehability UK Community Ltd

The Firs

Inspection report

Rehability Office. The Firs
31 Springfield Street
Birmingham
B18 7AU

Date of inspection visit:
14 June 2022

Date of publication:
18 July 2022

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service caring?	Good ●
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Is the service well-led?	Requires Improvement ●
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Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

About the service

The Firs is a supported living service providing personal care and support to people living in their own homes. At the time of the inspection the service was providing personal care to 17 people.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right Care, Right Culture. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Support

The model of care and setting maximised people's choice and control. People lived the lives they wanted to live and had regular opportunities to pursue social interests and be part of their local community. Staff encouraged people to engage in meaningful activities and promoted people's independence.

Right Care

Staff promoted people's dignity, privacy and human rights. People were involved in decisions about their care and empowered to make decisions about support they received. Staff used a variety of communication methods to support people to make everyday decisions.

Right Culture

The service had a person-centred culture which empowered people to achieve their goals and fulfil their aspirations. Systems were effective in identifying and ensuring people live the life they wanted. Leaders promoted a culture where staff promoted people's best interests.

People were safeguarded from the risk of abuse and told us they felt safe. There were enough staff to provide safe, compassionate and person-centred care. Risks to people's physical health and emotional wellbeing were identified, assessed and managed safely and medicines were managed safely. People told us they received good care from staff who cared about their wellbeing.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this location was requires improvement (published 09 April 2021).

Why we inspected

The inspection was prompted in part due to concerns received about care delivery. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern.

We undertook a focused inspection to review the key questions of safe, caring and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement ●

The service was not well-led.

Details are in our well-led findings below.

The Firs

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and a specialist nurse advisor. An Expert by Experience made calls to relatives on 15 June 2022. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in nine 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure the operations manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since their last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with five members of staff. Two service managers as well as the head of operations manager.

We reviewed a range of records. This included six people's care records and multiple medication records. A variety of records relating to the management and quality assurance of the service, including policies, procedures, safeguarding, accidents and incident were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection, the provider was found to be in breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because risk management was not always robust, medicines were not stored safely and not always given as prescribed at the prescribed intervals. At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- Medicines were safely stored, administered and destroyed when people declined to take them or they were no longer required.
- People received their medicines on time and in a safe way. Staff completed medication administration records (MARS) to show what medicines they had administered. Where people required 'as and when' medicines (PRN) staff knew when to administer them and how to record them.
- Staff had received medication training and checks of their competency to administer medicines safely had been completed.
- Regular checks on medicines took place to ensure these had been given as prescribed.

Assessing risk, safety monitoring and management

- Where risks were identified to people's safety, assessments were in place to guide staff on how to keep people safe. For example, there were behaviour risk assessments in place identifying triggers to behaviour and how staff should respond to support the person and minimise any escalation in distressed behaviour.
- Staff we spoke with knew the risk's to people's safety and how they should address these. Staff had completed training and knew how to support people safely.
- Staff were aware of any health conditions that might impact on people's safety and knew what action to take to mitigate the risk.
- People were supported to take positive risks, this was within a pro-active risk management framework that assessed the potential risk and put safeguards in place. This meant people had been supported to grow, develop and experience things they wanted to do.
- The provider had systems and processes in place to analyse and respond to any trends in relation to risks that had been identified.
- Each person had a personal emergency evacuation plan in place which explained how they would be supported to evacuate their home in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise potential abuse and protect people from it. Staff had received training on

how to keep people safe and described the actions they would take where people were at risk of harm. One staff member told us, "First I would protect the person, I would then report the incident to the management and also record all my actions." Another staff member told us, "If I was unhappy with how an incident was handled, I would contact the local authority safeguarding team, the police or CQC."

- Relatives told us people felt safe and comfortable with staff members. One relative told us, "The staff are good, people are safe and comfortable."
- Where a safeguarding incident had been identified, the relevant agencies had been notified and action had been taken by the service provider to reduce the risk of a recurrence. There were systems in place to monitor staff performance and actions to be taken, to reduce the risk of recurring poor performance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- Recruitment checks were completed to make sure staff were safe to work with people. This included obtaining references from previous employers, and background checks with the Disclosure Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer
- The head of operations told us the funding hours provided for each person and records confirmed these staffing levels were provided.
- Our observations during the day, indicated there were enough staff on duty to support people with their care needs. Those we spoke with told us there was enough staff to meet people's needs.

Preventing and controlling infection

- Staff received training in infection control and were able to tell us the correct and safe use of equipment. Staff told us personal protective equipment (PPE) was available and we saw staff had access to a good supply of PPE. Those we spoke with told us staff always wore PPE.
- Risk assessments were in place for those who were at greater risk from COVID-19. The provider had up to date policies and procedures.
- All staff participated in weekly COVID-19 testing which head of operations monitored.
- The office layout meant that staff could socially distance whilst at work.

Learning lessons when things go wrong

- The provider had a system in place to analyse any accidents and incidents, so trends were identified and learning from incidents took place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question as good. At this inspection the rating has remained the same. This meant people were supported and treated with dignity and respect: and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives provided positive feedback regarding the care people received. One relative told us, "The staff are very natural with [name of service user], they love them, they are like family, I can't fault them".
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One member of staff told us, "It is a joy to come to work, I love my job and love supporting people".
- Staff had received training in Equality and Diversity. The operations manager gave examples of how they had worked to ensure people had equal access to opportunities and were not discriminated against. Staff knew people's history, their likes, dislikes and used this knowledge to support the person.

Supporting people to express their views and be involved in making decisions about their care

- Care plans were in place and had been developed with the support of people and their families. Meetings of people's care were held where people and their family attended and were involved in making decisions.
- People stated they had been informed of any operational changes and asked for their views.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's independence wherever possible. Support plans promoted privacy, dignity and independence. Each person had a daily routine describing the activity and how staff supported the person to undertake it as independently as possible.
- Staff told us they enjoyed working with the people they supported and understood their care and support needs. A staff member told us, "We are able to build good relationships with the people we support. We recently went on a trip to the seaside and it was great to experience the trip with the people we support."
- One person told us they were treated with dignity and respect.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question as requires improvement. At this inspection the rating has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirement

- The provider did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We discussed this with the head of operations who confirmed they had recently recruited a new manager and would submit an application for the new manager to become the registered manager.
- The management team and provider were clear about their roles and were committed to providing a high quality service for people.
- Audit systems were in place to monitor the standard of support people received.
- The systems in place ensured the management team and provider had oversight of the quality and safety of the service.
- Staff told us they felt well-supported by the head of operations and the provider. Staff told us they were clear about their responsibilities and also received positive feedback when things went well.
- The provider had a clear vision for the development of their service.
- The management team had contingency arrangements in place to ensure the service delivery was not interrupted by unforeseen events. For example, the COVID-19 pandemic, we saw there were plans in place to ensure care tasks would be completed.
- The provider had notified CQC, as required to do so by law, and other agencies of any matters of concern and incidents that affected people who used the service.

Promoting a positive culture that is person- centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team and staff demonstrated a commitment to people and they displayed strong person- centred values.
- Staff knew people and their needs well and they told us they felt supported in their role. Staff could tell us about the improvements people had made since receiving support from the service and they were looking to explore with people how they could support them to enhance their lives further.
- Staff meetings were held and detailed records of the meeting were available.
- One relative told us, "The new management do seem a lot better but they now need to stay consistent and on top of things'."

- The provider told us they only took on care packages if they could meet people's needs and provide them with good quality care.

How the provider understands and acts on the duty of candor, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had notified us, as legally required of significant incidents which had happened in the service.
- The management team told us they understood their responsibility to be open and honest when things go wrong.
- There was a strong emphasis during the inspection on communicating and sharing information in an open and transparent way.
- The head of operations monitored the culture of the service and staff team by various means including providing direct care at times and working alongside staff, unannounced spot checks of the service including night visits, and formal meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives had been given opportunity to feedback on the quality of the service via structured feedback calls and weekly visits. We reviewed the most recent responses and found they were mostly positive.
- Relatives felt able to speak with staff and management of the home when needed and felt their feedback would be listened to.

Continuous learning and improving care

- Audits and monitoring systems had been used effectively to drive improvements.
- The management team told us they accessed support from a range of external health care professionals to support people with their needs and records demonstrated this
- The head of operations encouraged and supported staff to develop their skills and knowledge to support their progression.

Working in partnership with others;

- Staff worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.